

MEDICAL PANEL MEETING  
Saturday, March 11, 1978  
House of Representatives,  
Medical Panel of the Select  
Committee on Assassinations,  
Washington, D. C.

The meeting convened at 10:20 a.m., pursuant to notice, in room 503, Archives Building, Seventh Street and Pennsylvania Avenue, N. W., Washington, D. C.

Present: Marian Johnson, Archivist; Thomas Canning, Photographer; D. A. (Andy) Purdy and F. Mark Flanagan, Staff; Michael Baden, M.D., Charles S. Petty, M.D., Werner U. Spitz, M.D., George L. Loquvam, M.D., Cyril H. Wecht, M.D., John Coe, M.D., Earl F. Rose, M.D., James T. Weston, M.D., and Joseph H. Davis, M.D.

Mr. Purdy. This is the meeting of the Medical Panel of the House Select Committee on Assassinations, Saturday, March 11, 1978, and the time is 10:20 a.m. Our witness before the Medical Panel will be Dr. John Ebersole. -

Dr. Ebersole, will you take the following oath, please. Do you swear that the testimony you are about to give is true to the best of your knowledge, information and belief?

Dr. EBERSOLE. I do. -

TESTIMONY OF JOHN H. EBERSOLE, M.D.

Mr. PURDY. Please state your full name and address.

Dr. EBERSOLE. John Henry Ebersole, 1440 Hunsicker Road, Lancaster, Pennsylvania.

MR PURDY. What is your present employment?

Dr. EBERSOLE. I am Chief of the Radiation Therapy Section, Radiation Department, at Lancaster General Hospital, Lancaster, Pennsylvania.

MR PURDY. Thank you.

Dr. EBERSOLE. The primary questioner, or the initial questioner at least, for the Medical Panel will be Dr. Michael Baden. Dr. Baden.

Dr. BADEN. Dr. Ebersole, we would like to thank you for coming down. As we explained, the group here represents the Medical Review Panel evaluating the medical aspects of the death of President Kennedy. We appreciate your coming down to help us in evaluating these medical aspects. Could you give us any recollections that you have now of the

condition of the President's body when you first saw it and how your relationship to the dead body -- what your function was, what your time in the area there was?

Dr. EBERSOLE. On the day of the assassination I was Acting Chief of Radiology at the Naval Hospital, Bethesda. The Chief Radiologist was away on official orders and as Assistant Chief I was in fact the Acting Chief. I was requested by the Commanding Officer at about six thirty to remain in or near the autopsy room to give any assistance that might be required in the way of X rays. I was present in the autopsy room from the time the coffin arrived, the portable X ray equipment and two X ray technicians.

With the exception of the periods when I personally carried the cassettes containing the X rays to the X ray Department which was on the fourth floor of the hospital -- with the exception of those periods I was in the autopsy room from the time the coffin arrived to approximately three o'clock in the morning at which time my services were obviously no longer necessary and I left the hospital.

Upon removing the body from the coffin, the anterior aspect, the only things noticeable were a small irregular ecumonic area above the super eclobular ridge and a neatly sutured transverse surgical wound across the low neck. As we turned the body on the autopsy table there was a textbook classical wound of entrance upper right back to the right of the midline three or four centimeters to the right of the midline just perhaps inside the medial board to the upper scapula.

Again I would like to emphasize this was a textbook wound -- round, smooth, pure pellish, no raised margins. The back of the head was missing and the regular messy wound. At that point we had a wound of entrance, i.e., the back wound, and no known wound of exit.

So prior to starting the autopsy we were asked to x ray the body to determine the presence of a bullet. We took several X rays of the skull, chest, trunk. These were taken in the autopsy room on the autopsy table. They were hand carried by me in their cassettes to what we designate as Tower Four, the forth floor of the hospital, handled by a dark room technician, given back to me and hand carried by me to the autopsy room.

The initial films showed the usual metallic fragments in the skull but no evidence of a slug, a bullet. This was a little bit disconcerting. We were

asked by the Secret Service agents present to repeat the films and did so. Once again there was no evidence of a bullet. I assume you are familiar with portable X ray. It is not the kind that gives a fine diagnostic but it is helpful in picking up metallic fragments. It would stand out like a sore thumb either intact or shattered.

The autopsy proceeded and at this point I am simply an observer. Dr. Humes in probing the wound of entrance found it to extend perhaps over the apex of the right lung bruising the pleura and appeared to go toward or near the midline of the lower neck.

I believe by ten or ten thirty approximately a communication equipment location had been established with Dallas and it was learned that there had been a wound of exit in the lower neck that had been surgically repaired. I don't know if this was premortem or postmortem but at that point the confusion as far as we were concerned stopped.

The only function that I had was later in the evening, early in the morning, perhaps about twelve thirty a large fragment of the occipital bone was received from Dallas and at Dr. Finck's request I X rayed these. These were the last X rays I took. The X rays were taken by the Secret Service that evening; I did not see them again.

I must be a little bit vague on this but sometime within a month of the assassination I received a call from the White House medical staff -- a member of the White House medical staff, Captain James Young. Dr. Young asked me if I could review the skull X rays for the purpose of getting some measurements for a sculpture. I said, yes, I thought that was feasible.

I was driven to the White House Annex where I did see the skull films and took certain measurements and in taking those measurements may well have drawn lines on the film. It was then necessary for me to go back to Bethesda and determine some magnification or subtraction factors. I understand in the use of the portable X ray equipment the structures depicted are not necessarily related to actual size and life.

Now if one duplicates the conditions with the skull, you can establish a magnification factor or a subtraction factor. So after seeing the films at the White House Annex, going back to Bethesda and using a human skull to determine magnification factors, actually they were substantive factors. The image on the film was larger than in life one would expect from the physical setup. I then phoned Dr. Young on open telephone

using the expression like, something to the effect that Aunt Margaret a skirts needed the following change, and gave him the numbers to multiply the numbers I had previously provided from examining the X rays at the White House Annex.

The third and last time that I saw these films was here in this building when they were placed in the Archives with Dr. Humes present and Dr. Finck present, also the photographer who took the picture.

In summary I would like to emphasize one thing. These films, these X rays were taken solely for the purpose of finding what at that time was thought to be a bullet that had entered the body and not exited. If we were looking for fine bone detail, the type of diagnostic exquisite detail we want in life, we could have taken the pictures in the X ray department, made the films there, but we felt that the portable X ray equipment was adequate for the purpose, i.e., locating a metallic fragment. In examining those films such fine things were obvious as millograin difficulty from a previous millogram with traces still present in the spinal canal. I did not testify at the Warren Commission. I have not testified or given witness to any official body except this one. I have been contacted by the usual sensation seekers and authors during the years but have not made any comment except on one occasion when a fellow radiologist at the Rocky Mountain Annual Meeting in Denver made the statement that a radiologist was not present at the time of the autopsy. This was Dr. Morgan from Johns Hopkins. In writing to Dr. Morgan I stated that I certainly was present and gave him my qualifications. I did not receive an answer.

Mr. PURDY. Thank you, Dr. Ebersole.

Dr. BADEN. A couple of questions relative to the X rays. We have with us the X rays numbered 1 to 4. Do you recall that those are the numbers of X rays that you had placed in the Archives?

Dr. EBERSOLE. Yes.

Dr. BADEN. When you placed the X rays in the Archives were you satisfied that they were each and every X ray that you took? Is there a possibility that there were additional x rays that you did not see when you put the X rays in the Archives?

Dr. EBERSOLE. No. Those were the numbers which we took of which there were images.

Dr. BADEN. Did you take X rays on which there were not images?

Dr. EBERSOLE. That may be possible. One film had no image and it was destroyed.

Dr. BADEN. But there were no X rays other than the ones that were put into the Archives?

Dr. EBERSOLE. That is right.

Dr. BADEN. Do you recall when you took the X rays in the sequence of taking X rays and you took the X rays initially before any incision was made in the body?

Dr. EBERSOLE. That is right.

Dr. BADEN. You took the head, chest, abdomen, extremities?

Dr. EBERSOLE. The order was skull first, then chest, the trunk.

Dr. BADEN. I see. When Colonel Finck came in these had already been taken?

Dr. EBERSOLE. Yes, and repeated once.

Dr. BADEN. Now when you say repeated, were X rays repeated after the autopsy had started? Do you have an independent recollection of that?

Dr. EBERSOLE. The second group of X rays were taken either before the incision was made or very shortly thereafter.

Dr. BADEN. Maybe your memory will be refreshed as we go through the X rays.

Dr. EBERSOLE. Yes.

Dr. BADEN. Some comment had been made in the past about total body x-rays being taken and the fact that the hands and feet aren't on these x-rays.

Dr. EBERSOLE. Correct.

Dr. BADEN. Did you take X rays of the hands, feet, extremities?

Dr. EBERSOLE. No, we thought the films we took were adequate for the purpose for which they were taken.

Dr. BADEN. When you first saw the body on the X ray table, apart from yourself and Drs. Humes and Boswell were there any other physicians who in any way participated or officially observed the autopsy?

Dr. EBERSOLE. No. At that time to the best of my knowledge only myself, Dr. Boswell, Dr. Humes were present. Dr. Finck was to arrive later.

Dr. BADEN. Dr. Finck arrived later. Now you have mentioned that the tracheostomy was sutured when you first saw it.

Dr. EBERSOLE. There was a sutured wound, a transverse wound at the base of the neck.

Dr. BADEN. Do you remember any other sutured wounds?

Dr. EBERSOLE. No, I do not.

Dr. BADEN. Sutured incisions that might have been --

Dr. EBERSOLE. No.

Dr. BADEN. Do you know how Dr. Finck came to the autopsy room?

Dr. EBERSOLE. I believe Dr. Humes contacted him by telephone after things had started and asked him to be there.

Dr. BADEN. And do you know or did you discuss or did you have personal knowledge at the time of doing the examination whether there were any strictures as to the extent of the autopsy or was the manner in which the autopsy was done purely a decision made by the physicians there?

Dr. EBERSOLE. To the best of my knowledge there were absolutely no restrictions and it was Dr. Humes' decision as to the extent of the autopsy.

Dr. BADEN. When the body arrived and was taken out of the casket, do you recall, was there a plastic bag around the head or--

Dr. EBERSOLE. I don't recall. I was there when it was opened. I don't recall a plastic bag, no.

Dr. BADEN. Do you have any impressions or concerns about soft tissue, possible soft tissue movements in taking the X rays of the scalp tissues?

Dr. EBERSOLE. No. I personally held the head or the scalp. The physician then kept my hands in place.

Dr. BADEN. Okay. I will show you some of the X rays and we will go on then one by one. Does anybody have any questions? Dr. Weston.

Dr. WESTON. I would like to go back to the conversation you had with Captain James Young in which you indicated that you went back to Bethesda and when back there you had reason to correct your measurements. What was the basis for that correction?

Dr. EBERSOLE. X ray beams are divergent on an X ray tube.

Dr. WESTON. Yes, I understand that.

Dr. EBERSOLE. All X ray beams from a tube diverge. An object placed here with a film underneath it is going to be distorted unless that object is placed at least six feet away from the tube. At that point the divergence has become almost non-existent. This is why in X raying the chest and

measuring the heart size we want a distance of at least six feet. We can measure the heart reasonably accurately. In the use of a portable X ray equipment the source of radiation is very close to the object; therefore, there is a good deal of distortion. Second, there are two diversions. Now all one has to do is to duplicate that setup with a known steel ruler, what have you.

Dr. WESTON. I see.

Dr. EBERSOLE. A known distance. Repeat the performance, measure it on the new X ray and you have a factor. Perhaps your diameter from liaison to the occipital bone might have been 12 centimeters. As a result of the calibration of the setup you might have to multiply this by something like .9 to have greater accuracy or .8. It was that number that I had to go back and determine and then phone to the White House to apply to the numbers that I had furnished Dr. Young.

Dr. WESTON. Do you have any independent recollection or do you have any record that would indicate what that factor was as you related?

Dr. EBERSOLE. No. I remember that one of the key measurements that we wanted to make was from on the base of the nose to the estimated point of the exit. The measurement I made was through the middle of the orbitals.

Dr. WESTON. When you do this do you take a mean distance of thickness? In other words, above the cassette would you take, for example, like in the middle of the head as an average or do you take the closest point?

Dr. EBERSOLE. You try to take some anatomical that would be constant.

Dr. WESTON. I am thinking about where you put your ruler,

Dr. EBERSOLE. On the film or some mean distance from the film.

Dr. WESTON. In other words, do you recall what you did in that instance?

Dr. EBERSOLE. I used a skull.

Dr. WESTON. Oh, you used a skull.

Dr. EBERSOLE. I said ruler here for this example but I used a skull, a human skull when I went back to Bethesda. You know, an anatomic specimen that we had in the department.

Dr. WESTON. And you set the portable -- the portable moves up and down, doesn't it?

Dr. EBERSOLE. Yes.

Dr. WESTON. How do you know you set it exactly the same distance?

Dr. EBERSOLE. We had a distance that we used the night of the autopsy. We used that distance, we used that machine.

Dr. WESTON. I see.

Dr. EBERSOLE. And a human skull.

Dr. WESTON. So you did make a record somewhere of how far above the body the X ray --

Dr. EBERSOLE. Yes. That is the standard distance of a portable x ray. While it may be varied, it is a standard.

Dr. BADEN. Incidentally for the record, at the time that you did this what was your position at Bethesda of officially?

Dr. EBERSOLE. I was a Commander of the United States Navy, Assistant Chief of Radiology and head of the Radiology Division.

Dr. BADEN. Where had you gone to college?

Dr. EBERSOLE. University of Indiana; graduated in 1948.

Dr. BADEN. Then you had been in the military for how long?

Dr. EBERSOLE. I entered the naval service July 1948.

Dr. BADEN. And your position was as you described at the time of the shooting of President Kennedy.

Dr. EBERSOLE. From 1949 to 1959 I was associated with nuclear submarines and had special training in nuclear physics, Duke University, and Oak Ridge, Tennessee. I was commissioned and served on the USS NAUTILUS and the USS SEA WOLF, the first two nuclear submarines. When the SEA WOLF was decommissioned I started a residency in radiology in Bethesda. I completed that residency in July 1963. At that time I became Chief of Radiation Therapy in the Medicine Section. In December 1963 I was board certified by the American Board of Radiology at the Cincinnati examination.

Dr. BADEN. Now one other point before we get to the x rays which are on the view box. Some mention has been made to our committee about Dr. Humes asking "who is in charge?" at the time of the autopsy when he started the autopsy to the persons in the autopsy room. Do you recall that specifically or anything like that, a comment that might have been made of that nature?

Dr. EBERSOLE. No, I don't recall, Dr. Baden, any specific question. Dr. Humes might well have directed that to the many people who were milling around the autopsy room who were Secret Service agents of the White House staff.



Dr. BADEN. But there was no clear impression that you had that somebody in that room was in any way giving orders as to how the autopsy should be done?

Dr. EBERSOLE. Absolutely not. If I may add now, there was a specific Secret Service agent who did ask me to repeat some of these X rays when the first set showed no bullet.

Dr. BADEN. Perhaps we can identify these as we go along. Any other comments, questions?

Dr. WESTON. Before he gets to actually reading the X ray I would like to ask -- and this is not a reflection on your experience or anything, I just would like to know for the record approximately how many gunshot cases you have had occasion to examine the X rays of and how many of them were in the velocity range of this kind of a missile and in these particular locations.

Dr. EBERSOLE. This has to be a rough estimate, Doctor. I suppose in the field of radiology I have had to read or interpret X rays during my residency and subsequent to that in perhaps 20 to 25 cases. Now this ranges all the way from the shotgun wounds to self-inflicted revolver wounds and so on. I would not say that any of those 20 or 25 cases would be exactly the same as this one.

Dr. WESTON. That is 20 to 25 cases all together in any location?

Dr. EBERSOLE. All together.

Dr. BADEN. All locations. Dr. Weston brought up the point about interpreting x rays Hopefully you will be able to provide us two functions. One is discussions about technically what was happening when you were taking these X rays, and in fact these are the X rays you have taken as well as any insight you might give us as a radiologist as to the findings. Now, number one, you have not seen them for a while.

Dr. EBERSOLE. No.

Dr. BADEN. When was the last time you saw these?

Dr. EBERSOLE. The last time I saw these, and then it was not in a nice view box but it was here in this building in the Archives. When was that, 1966?

Dr. BADEN. We will shift your position a little bit. Number one, what is this long rectangular object at the lower portion of the X rays of the head? That question has come about just if you recall. Was that a measuring device or a radial opaque?

Dr. EBERSOLE. It is a rectangular metal object. It looks as if it could be used as a measuring device, yes.

Dr. BADEN. All right.

MR PURDY. Dr. Baden, which X ray?

Dr. BADEN. X rays 1 and 2 and it is also present on X ray No. 3. Now, number one, do you recognize the three skull X rays, 1, 2 and 3, as the ones you had taken?

Dr. EBERSOLE. When I last saw these I personally affixed some metal tape to them. Was that on these at any time?

Dr. BADEN. The red metal tape numbered 1, 2 and 3.

Dr. EBERSOLE. These are the films.

Dr. BADEN. These are the films that you took?

Dr. EBERSOLE. Yes.

Dr. BADEN. And that you put into the Archives later?

Dr. EBERSOLE. Right.

Dr. BADEN. Now in fact on No. 2 there are some penciled lines.

Dr. EBERSOLE. Yes.

Dr. BADEN. Are these the lines that you refer to as having --

Dr. EBERSOLE. Yes. On No. 2 specifically, this is a line that I made to identify definitely the lower line running from the naision . There is a second line at the angle to that first one which I also made. The attempt here was to get a line from the high point of the forehead back to the occipital.

Dr. BADEN. And that was for purposes of, as you under stood it -- at the sculpture's request?

Dr. EBERSOLE. As I understood this was information that might be of use to a sculptor in making a bust.

Dr. BADEN. On looking at film No. 1 you see there are two artifact points. Could you describe those and indicate what you think they are?

Dr. EBERSOLE. These are raised blisters, rounded areas on the X ray film due to overheating the emulsion and probably coming about placing it on what we call a hot light. Imagine a photo flood bulb and this placed too close to it. Associated with these two areas there is wrinkling in the film base which also happens when it is applied to too hot a source.

Dr. BADEN. Do you have any knowledge when and how they occurred?

Dr. EBERSOLE. I don't know. It may have happened that night and I may have been the guilty party as well as under standard view boxes.

Dr. BADEN. Do you on examination of these films have an opinion as to where the gunshot wound of entrance was in the head radiologically?

Dr. EBERSOLE. In my opinion it would have come from the side and the basis of the films. I guess that is all that can be said about the films at this time.

Dr. BADEN. Have you had occasion in the past to review the films for the purpose of determining --

Dr. EBERSOLE. No, sir. Again I would like to emphasize my purpose of taking the films, and my interpretation that night was solely to locate a bullet that at that time we thought was still in the body.

Dr. BADEN. And your subsequent exposures to the film were in no way related to trying to identify or to interpret the films?

Dr. EBERSOLE. That is correct. They were to identify the films for insertion into the Archive. and on the interim occasion to get some measurement for the sculpture.

Dr. BADEN. These three films in particular, were they all taken before the autopsy was begun?

Dr. EBERSOLE. Yes. The skull films were definitely taken before the autopsy.

Dr. BADEN. Did you repeat the skull films?

Dr. EBERSOLE. To my knowledge.

Dr. WECHT. What are the numbers?

Dr. BADEN. One, two and three are the skull. Now if anybody has any subsequent questions or comments, please do not hesitate to raise them. The X rays labeled 4, 5 and 6 are the fragments. Who assigned the numbering to the film?

Dr. EBERSOLE. I think I probably did at the time they were put in the Archives but temporally speaking this was the last to be taken, No. 4.

Dr. BADEN. To rephrase the question, does the numbering in any way indicate the sequence in which they were taken?

Dr. EBERSOLE. No, it is not the time sequence.

Dr. BADEN. So 4, 5 and 6 which are X rays of bone fragments were the last films that you took?

Dr. EBERSOLE. Yes.

Dr. BADEN. Now the response to that was yes?

Dr. EBERSOLE. Yes.

Dr. BADEN. Do you recall seeing those three fragments and X raying the bones?

Dr. EBERSOLE. Yes. This was maybe midnight to one o'clock when these fragments arrived from Dallas.

Dr. BADEN. After the autopsy?

Dr. EBERSOLE. The autopsy was still going on during that period.

Dr. BADEN. And it is your impression that before the autopsy was finished at ten thirty at night contact had been made between Dr. Humes and --

Dr. EBERSOLE. I must say these times are approximate but I would say in the range of ten to eleven p.m. Dr. Humes had determined that a procedure had been carried out in the anterior neck covering the wound of exit. Subsequent to that the fragments arrived. At the time the fragments were X rayed Dr. Finck was present.

Dr. BADEN. Do you have any idea, what did you do with the fragments after you finished X raying them?

Dr. EBERSOLE. Returned to the autopsy room. They were kept in the autopsy room.

Dr. BADEN. Do you have any independent recollection as to whether or not they were retained or interred with the body?

Dr. EBERSOLE. No recollection after giving them back to Dr. --

Dr. LOQUVAM. Were these taken with the portable?

Dr. EBERSOLE. No, I believe these were taken in the main x ray department. If you notice, the bone detail on these is really much better than on the other films and I think these I carried to the x ray department and took them in the X ray department.

Dr. BADEN. All three X rays?

Dr. EBERSOLE. Yes.

Dr. BADEN. Four, five and six?

Dr. EBERSOLE. Yes. I would particularly like to call your attention to 6 as being a finer quality film than you see in the other ones. That is more typical of the type of film that you obtain with a stationery or regular diagnostic equipment rather than portable.

Dr. BADEN. When you were taking these in the course of the X rays, was there an attending physician, a radiologist about?

Dr. EBERSOLE. No, there was not.

Dr. BADEN. And you consulted essentially with Dr. Humes and Dr. Boswell?

Dr. EBERSOLE. Yes.

Dr. BADEN. Now do you recall also when you took the x rays 4, 5 and 6 whether you turned the bones or were they all taken at three different exposures in the same position?

Dr. EBERSOLE. I cannot recall that. I think the repeated films were necessary because we didn't feel that these early ones were properly exposed.

Dr. BADEN. Was any attempt made that you recall to reconstruct the defect in the skull utilizing these three bones?

Dr. EBERSOLE. Not to my knowledge.

Dr. BADEN. Do you recall discussion as to the significance of the radio opaque material in the one margin of the largest fragment?

Dr. EBERSOLE. I felt they were metallic fragments from the bullet.

Dr. BADEN. Entrance or exit?

Dr. EBERSOLE. I don't believe I could tell.

Dr. BADEN. Do you recall discussing that with the other doctors in the autopsy room?

Dr. EBERSOLE. No.

Dr. BADEN. Now do you recall discussing them specifically with Dr. Finck?

Dr. EBERSOLE. We discussed it, yes. I don't know that there was any conclusion reached.

Dr. BADEN. Was Dr. Finck at this point or after he came actively involved in the autopsy?

Dr. EBERSOLE. Yes, particularly in looking at the fragments and looking at the X rays.

Dr. BADEN. Did he have gloves on and was he actually dissecting?

Dr. EBERSOLE. No, he was not dissecting. As I remember, he was not gowned during the time I was present and was not actively dissecting the body.

Dr. BADEN. I take it then he was observing and talking.

Dr. EBERSOLE. In the background.

Dr. BADEN. To the prosecutors?

Dr. EBERSOLE. Did see the fragments, did handle the fragments and then saw the X ray.

Dr. BADEN. On the largest fragment with the metal fragments present, the radio opaque fragment present, would you have any comment on that serrated margin on that fragment?

Dr. EBERSOLE. No, not from that angle.

Dr. BADEN. Do you have any independent recollection of what the fragments looked like apart from the X rays?

Dr. EBERSOLE. No, except that I was rather surprised on that X rays to see the metallic fragments because I could not see them by naked eye. The piece that I remember was a larger piece, it was handed to me in the Commanding Officer's office and was wrapped in gauze. It looked like ordinary fresh bone., They were then taken to the main x ray department from the fourth floor and X rayed there and then taken to the autopsy room.

Dr. BADEN. Do you recall, were you told from whence they had been obtained?

Dr. EBERSOLE. I think Dr. Finck had told me they had just arrived from Dallas.

Dr. BADEN. Where?

Dr. EBERSOLE. No, just arrived from Dallas, period.

Dr. BADEN. Do you recall seeing beveling on the bone on the largest fragment?

Dr. EBERSOLE. No.

Dr. BADEN. No, you don't see it or no, you don't recall?

Dr. EBERSOLE. I don't recall the degree of beveling we had. This would have been something that Dr. Finck would have been very interested in and they were turned over to him.

Dr. BADEN. If in the course of our discussion you have any other recollection, of anything that you think might be of value to the physicians here in evaluating all the medical findings, please don't hesitate to volunteer.

Dr. EBERSOLE. I have none at this point.

Dr. BADEN. If anything comes to mind. Now X ray No. 7 labeled 7 is of the abdomen. Do you recall that X ray?

Dr. EBERSOLE. Other than the marker there is nothing to identify it as a specific X ray. Do you have one lower of the pelvis that you can show me and I can be a little bit more sure of the identification here?

Dr. BADEN. Yes. X ray No. 14 is of the pelvis.

Dr. EBERSOLE. Although I don't see it now, in the course of taking these X rays there was some myelographic media present in the spinal canal and this caused one of the Secret Service people to question if that might not be a -- here we are.

Dr. BADEN. Dr. Ebersole is now looking at X ray No. 13 which is also the pelvis but has a more superior view.

Dr. EBERSOLE. At the time of the autopsy I felt that this metallic fragment to the right of the midline represented myelographic media. I think what this really represents is a buckshot since it is well to the right of the canal. This is the other possibility. It represents a buckshot or a myelographic media. This can be very positively identified as taken that night. This was the rounded material. The myelographic media would be in or near the midline of the spinal canal where this appears to be near the right. It could represent either thing although I expect from its density and its rounded appearance it means buckshot.

Dr. WECHT. What do you mean by buckshot there?

Dr. EBERSOLE. A pellet from the shell fired by a shotgun.

Dr. BADEN. Are you implying that this would have been a pellet fired into the body at some previous time?

Dr. EBERSOLE. I am saying at some previous time he ate a duck or a rabbit and this is either in the appendix or the -- I expect out in the street we would find something like 15 or 20 percent of the population to have that.

Mr. FLANAGAN. I would like to switch the tape and also to document the tape momentarily stopped at 3:13 when the cord come out of the wall.

Dr. BADEN. Why did you take the two X rays of the pelvis that are similar? Were these taken at the same time or one later?

Dr. EBERSOLE. I believe that represents the second go around.

Dr. BADEN. One represents the second go around because there does appear to be fecal in the large intestines on both.

Dr. EBERSOLE. Right.

Dr. BADEN. The second go around was after the autopsy had been done.

Dr. EBERSOLE. No, certainly the autopsy was not completed at the time of the second one. It would have possibly been started but all X rays with the exception of fragments were taken fairly early in the evening.

Dr. BADEN. Do you recall independently whether the pelvic organs were looked at and examined in the course of the autopsy?

Dr. EBERSOLE. Yes, they were.

Dr. BADEN. They were. We have just completed reviewing X rays 13 and 14.

Dr. ROSE. Could I ask clarification of that last question.

Dr. BADEN. Yes. Dr. Rose. The clarification of the previous question is the abdominal organs were looked at and reviewed. My question is removed or not removed to your knowledge?

Dr. EBERSOLE. To my knowledge they were removed. I specifically remember seeing the kidneys being laid outside the body.

Dr. ROSE. Thank you, sir.

Dr. EBERSOLE. Doctor, let me clarify this. Remember at times I was outside the autopsy room for the purpose of getting these films and then on one occasion called to the Commanding Officer's office to pick up the fragments sent in from Dallas so there would be things I would not be aware of but I do remember specifically the kidneys being removed.

Dr. ROSE. Thank you.

Dr. WESTON. Before you go on with this, for the record I would like to have a little better handle on what you feel that you are qualified to testify about based on those X ray films and your expertise. In other words, I don't want to pose questions to you which --

Dr. EBERSOLE. I think your question is a very good one. Although I was trained in diagnostic radiology, I am not a diagnostic radiologist and have not been since 1963 at which time I started doing radiation therapy and have engaged in that full time since. As far as my expertise that night, I don't think it should be questioned because what was being asked of my expertise was, is there a slug in the body?

Dr. WESTON. I understand that. I am coming back to your expertise now. Looking at those skull films, you would feel comfortable in saying there were fractures there?

Dr. EBERSOLE. Yes.

Dr. WESTON. And yet I understood you to say that I think, would you not, and yet I understood you to say that you felt like there had been a bullet wound on the right side of the head, is that correct?

Dr. EBERSOLE. No. I would say on the basis of those x rays and X rays only one might say one would have to estimate there that the wound of



entrance was somewhere to the side or to the posterior quadrant.

Dr. WESTON. To the side or to the posterior quadrant.

Dr. EBERSOLE. This is 180 degree.

Dr. WESTON. Okay. Fine. That is all I have.

Dr. BADEN. We did not --

Mr. PETTY. May I interject a comment. Experience in reviewing X ray films taken of the pelvic area and abdominal area of individuals, perhaps 15 or 20 percent of these individuals have shot in them?

Dr. EBERSOLE. Yes, sir. This depends a little bit on the part of the country but certainly seeing a single buckshot in a pelvic X ray.

Mr. PETTY. May I also ask you what your definition of a buckshot is?

Dr. EBERSOLE. This is a rounded metallic pellet of a shotgun shell.

Mr. PETTY. Have you ever seen a bird or a rabbit shot with buckshot?

Dr. EBERSOLE. Yes.

Mr. PETTY. I just wanted to bring out one thing. I believe it is birdshot, not buckshot. Let's say pellet. I am not trying to cast any aspersions on this, I merely want to get it correct for the record. This is a birdshot, not buckshot.

Dr. EBERSOLE. That is correct.

Dr. BADEN. Birdshot as opposed to buckshot. I take it also from your initial responses pursuant to Dr. Weston's comment just a few minutes ago to the evaluation of the injury to the head that you had not evaluated the skull films for points of entrance or entry at the time of the autopsy or subsequently.

Dr. EBERSOLE. That is correct, sir.

Dr. BADEN. And that you were hesitant to give us an opinion as to entrance and I am also bringing up exit now from your background training and expertise.

Dr. EBERSOLE. That is correct.

Dr. BADEN. Continuing with the X rays we have in the view set, we have X rays on the viewer now 7 and 9 by your notation but not necessarily in order of having been taken. Nine is a chest X ray. Was this taken with a portable X ray?

Dr. EBERSOLE. Yes.

Dr. BADEN. And that was prior to the autopsy?

Dr. EBERSOLE. Yes.

Dr. BADEN. And 7 is lower chest and abdomen.

Dr. EBERSOLE. Yes.

Dr. BADEN. Now there are white spots present on the right lower part of No. 7, left upper scapular area of No. 9, small tiny spots. Would you have an opinion on what these are?

Dr. EBERSOLE. On No. 9, the chest X ray, all of these irregular pinpoint capacities appear to be strictly film artifact. They are brought about by dirt in the cassette and other things. On film No. 7, the AP abdomen, these are similar artifacts, unfortunately relatively common with portable technique and dirty cassettes.

Dr. BADEN. Seven and nine. Do you recall, was any special care taken in taking the X rays as far as artifacts or potential artifacts being caused by dirt?

Dr. EBERSOLE. No. An experienced radiologist can do that very rapidly.

Dr. BADEN. You are satisfied.

Dr. EBERSOLE. Yes, on those two films, 7 and 9, all irregular pinpoint density type seen are artifacts most likely due to almost microscopic specs of dirt on the cassette that held the emulsion, the film.

Dr. BADEN. And as we look at each of these X rays, implicit in your discussion of the X rays are that these are the X rays that you took at the time of the autopsy and that you later labeled and put into the Archives?

Dr. EBERSOLE. Yes.

Dr. BADEN. Have you seen anything that would suggest any alteration of the X rays in any way, shape or form as you have viewed them apart from the heat artifacts you have discussed on the skull X ray?

Dr. EBERSOLE. No. Apart from the heat artifact, no.

Mr. PETTY. May I ask a question.

Dr. BADEN. Certainly.

Mr. PETTY. I have seen a lot of portable x ray films exposed in the autopsy room and not infrequently one protects the cassette by wrapping it in something. Were these cassettes so protected at the time they were placed under the body of the victim?

Dr. EBERSOLE. I really don't recollect. I have known of the case in the skull x rays -- no, they were not protected. I cannot recollect any special precautions taken with the body cassettes. You must remember at that point we had not made the incision and I think that is the primary purpose of doing that, is to avoid the fluids and so on getting on to the cassettes.

Mr. PETTY. The only reason I ask that is that I wondered in regard to the artifacts if some might not have come from particles of metal or whatever on the plastic or sheets or whatever the cassettes might have been wrapped in. That is the only reason I ask.

Dr. EBERSOLE. That is a possibility. To the best of my knowledge they were not protected in any special way. This becomes a different situation because the body has to be washed or there are body fluids that might contaminate it. Then we would take steps to protect it.

Mr. PETTY. Dr. Weston.

Dr. WESTON. I would like to call your attention to one particular pattern, Dr. Ebersole, which is -- well, for the record appears to be located over the second rib. You will note here that there is a triangular thing and then there seems to be trailing off of three little things in that direction as if -- do you see that commonly as an artifact?

Dr. BADEN. Let the record reflect Dr. Ebersole and Dr. Weston are discussing film No. 9, chest X ray.

Dr. EBERSOLE. I feel this is really no different from this type of thing seen here.

Dr. WESTON. The only difference is that they seem to be lined up as if there were something there and then some thing --

Dr. EBERSOLE. These also appear to be lined up but this is seen, yes, with artifacts. it is if it is due to dirt.

Dr. WESTON. You feel more comfortable talking about artifactual material in an X ray than you do about some of the other things. I mean certainly you have seen many, many X rays.

Dr. EBERSOLE. I feel these are really too bright. Here is a very typical dirt mark.

Dr. WESTON. What about these?

Dr. EBERSOLE. These are the same.

Dr. WESTON. Thank you, sir.

Dr. EBERSOLE. I think it might be well for you as you look at these to put up a film that we have of a known metallic density such as that birdshot.

Dr. BADEN. Can we have some decorum, please. Off the record. Now we will proceed. We are almost finished with the X rays. As we get to X ray No. 9 -- correction, X ray No. 8. This is of the right upper chest and right upper extremity. Do you recall specifically taking this X ray and anything you might comment about it.

Dr. EBERSOLE. This is one of the X rays taken.

Dr. BADEN. There is prominent radio lucency on the right side. Could this have been taken after the lung/heart viscera had been removed, and do you remember taking X rays of the chest after the viscera had been removed?

Dr. EBERSOLE. This X ray labeled No. 8, normal lung markings, even normal postmortem lung markings, are not present and we see no shadow so I have to assume that these were taken after the viscera had been removed.

Dr. BADEN. Do you have an independent recollection of -- correction. Is that what you meant when you referred to earlier repeating the X rays?

Dr. EBERSOLE. Yes, I think these probably represent a second go around. These are films 8 and 10 for the record, and my remarks on film No. 8 also extend to film No. 10. There are no postmortem lung markings and the cardiac shadow is absent so I think it has to be assumed that these were taken after the thorax would have been removed.

Dr. BADEN. As an interesting aside, a question has been raised on No. 8. There is a normal hospital marking that you use to identify each X ray, is that correct, with the number on it 21296, U. S. Naval Hospital?

Dr. EBERSOLE. Correct.

Dr. BADEN. And that is present. Is that the same label you used on all the X rays?

Dr. EBERSOLE. Yes.

Dr. BADEN. That is not present on No. 10.

Dr. EBERSOLE. You don't have a hot light here?

Dr. BADEN. No, but we have inspected that though. it is not present.

Dr. EBERSOLE. It is not there.

Dr. BADEN. Do you recall what might have happened?

Dr. EBERSOLE. The technician may have forgotten to affix the marker to the cassette. it may have been placed outside of the beam on the cassette so that it does not show.

Dr. BADEN. Are you satisfied that this is indeed an X ray that you took at the time -- you took in the same time period you took the other X rays?

Dr. EBERSOLE. Yes, sir, I am.

Dr. BADEN. And the purpose as you have stated of taking these X rays was entirely to make sure a bullet was not being overlooked.

Dr. EBERSOLE. That is correct.

Dr. BADEN. On film No. 8 in the topmost portion of the film lateral to the lower cervical spine are some radio opaque material. Would you have an opinion as to what that material is or have you looked at, noticed or considered that before?

Dr. EBERSOLE. Irregular.

Dr. BADEN. This might serve as a hot light.

Dr. EBERSOLE. Yes. Almost immediately lateral to the right lateral mass of C-7 is a opacity that might represent metal. Far to the right of that tiny pinpoint opacity is definitely artifacts. What I am talking about, are these artifactual? This is the one that I am describing. That may represent a metallic fragment.

Dr. BADEN. Dr. Ebersole is referring to the larger medial most radio opacity as being possibly a metallic fragment.

Dr. EBERSOLE. This to here are artifacts again but this may represent --

Dr. BADEN. Whereas approximately --

Dr. EBERSOLE. This one would have to be questioned also.

Dr. BADEN. Approximately a centimeter, lateral dust, light dots being artifactual.

Dr. COE. Could you separate that from a bone fragment?

Dr. EBERSOLE. I think it is somewhat difficult but it appears to be somewhat more dense than the surrounding bone.

Dr. SPITZ. Do you see a fracture in the area?

Dr. EBERSOLE. I suspect that may be a fracture of the lateral prospect there. I am not being sure on the basis of these X rays.

Dr. SPITZ. Of which?

Dr. EBERSOLE. It would be C7-T1. Here is the first rib.

Dr. WESTON. I would like to call your attention to the ,configuration of this -- This is the fragment that you are referring to.

Dr. EBERSOLE. This is a fragment that I would suspect might be metallic in nature.

Dr. WECHT. Which?

Dr. EBERSOLE. I think here you can see here some clear artifacts, dust.

Dr. WESTON. I would like you to look at it. What I see -- I don't know, maybe I am seeing more than what is there -- is something that looks like this.

Dr. BADEN. Dr. Weston is now drawing on the blackboard and illustrating the X ray material.

Dr. WESTON. Now you notice how these line up with this defect here. Could you attach any significance to that?

Dr. EBERSOLE. I don't see -- the punctuation thing is just a drawing, artifactual.

Dr. WESTON. You think they are artifactual?

Dr. EBERSOLE. This area here is artifactual.

Dr. WESTON. No, get up close to it. You will see that closer to the fragment itself out here there are two or three little things that line up with that thing there. Does that help you to determine one way or the other whether it is or is not an artifact?

Dr. EBERSOLE. I could not say positively. The fragments you are talking about -- there are four or five punctate densities extending out lateral to the crescent shape fragment and in line that might well be associated with it but I cannot say for sure.

Dr. WESTON. Would they help you to reach a conclusion whether that was a metallic or a bone fracture?

Dr. EBERSOLE. No.

Dr. WESTON. No?

Dr. EBERSOLE. No.

Dr. WESTON. Now would you compare those for just a moment with the things that we referred to earlier?

Dr. BADEN. On X ray No. 7.

Dr. WESTON. In which you indicated at that time that there are artifacts.

Dr. EBERSOLE. Those I feel strongly and still feel are artifacts.

Dr. WESTON. You do. Okay. Thank you.

Dr. EBERSOLE. By shape, appearance.

Dr. ROSE. Could I ask a question. - From the X rays can you make an estimate as to whether the neck organs were present or were absent?

Dr. EBERSOLE. I don't think a conclusion could be drawn from these X rays, Doctor. I see on X ray No. 10 -- no, I cannot be sure from these X rays.

Dr. WESTON. Thank you.

Dr. BADEN. Do you have an independent recollection whether the neck organs were examined in the course of autopsies, referring specifically to the trachea and blood vessels in that area and larynx?

Dr. EBERSOLE. No. My memory is very vivid for seeing a bruise in the right apex of the visceral pleura in the service of the right lung but I was

not close enough or was away on one of these X ray runs when that area was examined or the trachea specifically.

Dr. BADEN. When you say no, no means you don't have a recollection or no it was not done?

Dr. EBERSOLE. I don't have a recollection. My problem there, if I may answer Dr. Rose's question, is I don't see a tracheal air shadow which I do not expect to see since I don't see lungs either.

Dr. BADEN. Continuing our discussion with Dr. Ebersole, X ray No. 11 is of the lower chest and abdomen, also without an identifying marker in the film but with a red metallic tape identification No. 11. Could you advise us as to whether or not you took that X ray and whether that was taken at the first set of X rays or after the autopsy was in process?

Dr. EBERSOLE. Once again this X ray No. 11 shows a generous portion of the lower chest. I see no lung markings or cardiac shadow so I assume this X ray had to have been taken after at least the initial portion of the autopsy with the thoracic viscera removed. As far as abdominal contents here, I cannot absolutely, positively identify renal shadows or bowel gas so this may have been after abdominal viscera had been removed although I do think we see some bowel gas here. I think it is questionable as to the status of the subdiaphragmatic content. Certainly this has been after the thoracic contents had been removed.

Dr. ROSE. Can you see a liver shadow?

Dr. EBERSOLE. No, I definitely cannot see a renal or kidney shadow. A shadow is present on the right, to some extent on the left.

Dr. ROSE. So you would conclude from that that both the liver and the kidney had been removed?

Dr. EBERSOLE. On the basis of the film, yes. I cannot identify them.

Dr. BADEN. Do you notice there is some increased calcification of the lower costal cartilages? Is that more than you expect for a young man of this age?

Dr. EBERSOLE. No, no conclusion should be drawn from calcification to my knowledge.

Dr. BADEN. Do you have an independent recollection of looking at the kidneys?

Dr. EBERSOLE. No.

Dr. BADEN. At the autopsy table?

Dr. EBERSOLE. No, sir, not myself. I saw across the room the kidneys being weighed.

Dr. BADEN. Do you have an independent recollection of seeing the liver, heart, lungs being examined outside the body?

Dr. EBERSOLE. Yes. I do definitely remember the liver being weighed outside the body and the kidneys. The reason for that, if I may explain, I think we are all somewhat interested in the adrenal status. Standing across the room with Dr. Finck was, to the best of my recollection, Dr. Boswell who actually weighed these organs.

Dr. BADEN. Did you notice on the initial X rays of the abdomen such as No. 7 where the viscera appear to be present, is this an X ray taken prior to the visceration? I

Dr. EBERSOLE. I believe this was taken before the incision was made.

Dr. BADEN. Did you look for any abnormalities such as adrenal glands, such as calcification?

Dr. EBERSOLE. No.

Dr. BADEN. If there was calcification?

Dr. EBERSOLE. Yes, but I did not look for them that night. Once again we were looking for a bullet.

Dr. BADEN. But relative to the point of the adrenal glands was some concern about the condition of the adrenal glands.

Dr. EBERSOLE. No, sir, I don't see any. I said as a result of newspaper articles and the media, etc., we all had heard that he may have had adrenal insufficiency but certainly this was not discussed or to my knowledge even mentioned the night of the autopsy. It was in that background that I happen to remember specifically seeing them the way the viscera was because the thought that went through my mind with all we have been hearing about adrenal, what they will find.

Dr. BADEN. Some question has been raised to the autopsy personnel being aware of and perhaps concerned about the wishes of the family as to rapidity in which the autopsy would be done and as to the extent of the autopsy. Was the impression you had at the time of the autopsy that there was any such consideration?

Dr. EBERSOLE. I had no contact with the family nor did I hear the family mention that that night.

Dr. BADEN. More specifically do you think in any way, shape or form there was any specific consideration given to the wishes of the family in



any manner in which the autopsy was conducted both as to extent and as to rapidity of being performed?

Dr. EBERSOLE. I am aware of no such strictures on the autopsy protocol.

Dr. WESTON. I would like to be more specific. Did the President's personal physician actually indicate any instructions to either Dr. Humes or --

Dr. EBERSOLE. Not that I heard, no, sir.

Dr. WESTON. And you were there about 80 to 90 percent of the time, would you say?

Dr. EBERSOLE. Yes, sir.

Dr. WESTON. And you never heard him say that you ought to do this or you ought not to do that?

Dr. EBERSOLE. No, sir.

Dr. WESTON. You didn't?

Dr. EBERSOLE. No.

Dr. WECHT. Jim, are you referring to Admiral Berkley?

Dr. WESTON. Yes.

Dr. BADEN. Do you have a specific recollection of who Admiral Berkley is? Do you know who Admiral Berkley is?

Dr. EBERSOLE. Yes, I know who he is. I have to admit at this time I don't recall his presence.

Dr. WECHT. I think Dr. Ebersole's answer makes it clear I but I just wanted to complete it as a corollary to Jim's question. Dr. Ebersole, you don't recall then, I assume, from what I you have already said having heard any other Admiral or General or Secret Service or FBI agent say to any of the three autopsy physicians or to anybody else in the autopsy room that because of requests or instructions from the family or from somebody else that any particular procedure will or will not be done or that the autopsy will in any way be limited? Is that what you have said?

Dr. EBERSOLE. That is correct. I was not aware of any limitations that we were held to.

Dr. SPITZ. How many people were present in the autopsy room?

Dr. EBERSOLE. We have to utilize a fifteen year old memory now.

Dr. SPITZ. But you know whether there were 5 or 15.

Dr. EBERSOLE. I think closer to 15 depending on what time you were there. There was milling back and forth, Doctor, and as I have said to

Mike on occasion if we all had a chance to rehearse this, I am sure we would have done it differently but there were White House staff there. I remember an Air Force Brigadier General there. There were men that we assumed to be Secret Service agents. Depending at which slice of time that you want to take, there may have been six people or there may have been eleven or twelve.

Dr. BADEN. Now relative to the other discussion about perceived pressures or potential perceived pressures by the prosecutors, we have all here been in the position of doing official autopsies where for one reason or another we are aware of desires by family members (a) not to do an autopsy or (b) to do it rapidly or to do it partially, and we have all been in that position.

Dr. EBERSOLE. Yes.

Dr. BADEN. Often this kind of awareness can't be pinpointed to one person telling another person but just to a general behavior pattern. Apart from that did anybody say anything to anybody? Is it your impression as a physician your role was different from Dr. Humes and Dr. Boswell or Dr. Finck that there was a perception, for whatever the reason, real or imaginary, on the part of anybody doing the autopsy especially in the light of what you raised about the adrenal glands in particular and other considerations about rapidity in which the examination would be done that have not been raised here that there was any feeling from your impression on any of your four doctors' parts that any part of the body should not be examined or it should be done quickly or it should be limited in any way, shape or form?

Dr. EBERSOLE. I was not then aware of any such pressures. I am aware that they can occur in the course of an autopsy.

Dr. BADEN. But to the best of your recollection --

Dr. EBERSOLE. But to the best of my recollection there was no such pressure on us. I felt a little bit of personal pressure when the first X rays did not show a bullet and I was asked by the Secret Service agent to repeat but a little bit of pressure, certainly nothing overwhelming. I knew what he was after but I didn't feel myself in repeating the X rays would show the bullet but we did it.

Dr. BADEN. Now you repeated the X ray specifically because what you were after was to find a bullet?

Dr. EBERSOLE. A bullet.

Dr. BADEN. Because there was an entrance in the back and no exit?

Dr. EBERSOLE. And at least no exit we could identify.

Dr. BADEN. Apparent. Any questions?

Dr. WESTON. Before you leave that could I ask one more question.

Dr. BADEN. Certainly.

Dr. WESTON. I am not clear on the chronology. When you first started talking you gave the impression that everybody had the impression that there was a bullet hole in the back of the neck. You gave me the impression that they rolled the body over almost immediately. Is that a correct impression?

Dr. EBERSOLE. I don't know whether we looked at the anterior or posterior aspect first. I would suspect it was posterior.

Dr. WESTON. You looked at the posterior first?

Dr. EBERSOLE. A head wound and a wound of entrance.

Dr. WESTON. They saw the wound of entrance on the back of the neck almost immediately?

Dr. EBERSOLE. Yes. At least immediately, yes. This again is a question of recollection of whether it was the posterior or anterior surface.

Dr. WESTON. But you said they didn't recognize this as being an exit wound until after the conversation with Dallas which was ten or ten thirty.

Dr. EBERSOLE. Or later.

Dr. WESTON. By that time you had already taken two sets.

Dr. EBERSOLE. No, no, no.

Dr. WESTON. Oh.

Dr. EBERSOLE. When both aspects of the body had been viewed, and I do not know in what order they were reviewed, we were faced with the problem of a wound of entrance and not a known wound of exit, so at that point we perhaps would never I have taken any X rays had we had a wound of entrance and a wound of exit. Remember, I am standing by waiting for the prosecutor to start with my X ray equipment. We had certainly not to my knowledge planned to take any X rays at this autopsy but when it became apparent we had a wound of entrance and no known wound of exit, this is when I was brought into the action.

Dr. WESTON. Chronologically though relative to when the body was first undressed and inspected --

Dr. EBERSOLE. My recollection is that we took most of these pictures before the autopsy started but the film shows that my recollection is not

very good in that respect and I would have to state that there might have been quite a time gap between the first films and the later ones that showed the viscera removed. Dr. BADEN. There were three later ones. Do you have any impression or recollections of the initial decision-making process of what to do prior to your being asked to take the X ray if there were an exit perforation apparent as to whether or not you would have taken any Xrays --

Dr. EBERSOLE. I don't know.

Dr. BADEN. You may not have?

Dr. EBERSOLE. We may not have.

Dr. BADEN. Do you have any impression as to whether or not this would have influenced the extent that the autopsy would have been done, the extent of the autopsy?

Dr. EBERSOLE. No, I don't.

Dr. BADEN. Was there discussion perhaps or any impression that if there were an obvious wound of exit that perhaps an autopsy would not be necessary?

Dr. EBERSOLE. No, sir, that was not my impression.

Dr. BADEN. What was your impression?

Dr. EBERSOLE. My impression was we have no wound of exit, we have to proceed with the autopsy, and I would have stayed in my corner all night.

Dr. BADEN. Now to finish up, the last of the X rays that we have not seen is No. 12 of the lower thigh and upper fibula bilateral.

Dr. EBERSOLE. Upper two-thirds.

Dr. BADEN. Do you recall as to whether or not any x rays further distal of the lower extremities were taken?

Dr. EBERSOLE. I do not believe we took any further. I would like to call your attention to this. On several artifacts, those of you who have been asking, here are some nice punctate ones. Here is a --

Dr. BADEN. Dr. Ebersole is pointing to the medical aspect of the left thigh where there are a series of three prominent radial lucent which is referring to article --

Dr. EBERSOLE. Probably pieces of lint, pieces of dirt, irregularities. These are certainly artifactual. I

Dr. SPITZ. Radial lucencies.

Dr. BADEN. Radial opacities. If I may tax your patience, Dr. Ebersole, we have now reviewed all the X rays that we have and these are all to your knowledge that were taken, you have stated.

Dr. EBERSOLE. To my knowledge, yes. There were some fourteen?

Dr. BADEN. Fourteen different X rays, three of bone fragments.

Specifically you mentioned Dr. Morgan earlier who had looked at the X rays from the Clark panel.

Dr. EBERSOLE. Yes.

Dr. WECHT. Dr. Ebersole, when Dr. Morgan made that comment did you at that time know that he had reviewed these films in 1968?

Dr. EBERSOLE. No, sir. I asked specifically that the films be reviewed and I do not know who reviewed them. The Dr. Morgan Statement was I became aware of his statement made in Denver as a result of a newspaper article being forwarded to me by Dr. Richard King.

Dr. WECHT. Oh, you were not there.

Dr. EBERSOLE. No. I still have the newspaper article in my possession where the statement was that a radiologist was not present at the Kennedy autopsy.

Dr. PETTY. May I also ask a question. I am with Dr. Weston here in that I am trying to get some sequential arrangement to this and perhaps this is unnecessary, but when the bullet wound of entrance was seen on the back or the neck, wherever it is, then it was decided in the absence of a bullet wound of exit that some x rays were necessary to locate any missiles. These were taken and I assumed viewed by those who were actually carrying out the autopsy.

Dr. EBERSOLE. Yes.

Dr. PETTY. Then as I understand it there was a quandry where was the bullet and somebody suggested taking a second set of X rays.

Dr. EBERSOLE. Yes. That suggestion came from a non- medical person, a Secret Service agent.

Dr. PETTY. All right. So a second set of X rays were taken.

Dr. EBERSOLE. Yes.

Dr. PETTY. And, Mike, you say there were three of these that were taken later?

Dr. BADEN. Yes. We have three. I believe eight. I will name them knowing the body partially eviscerated.

Dr. PETTY. All right. Did anybody suggest to you or ask you to X ray the viscera that was removed between the first set of X rays and the second?

Dr. EBERSOLE. No, sir.

Dr. PETTY. All right.

Dr. EBERSOLE. We can put this back on when we get the tape on but somewhere during the course of the evening the input came in from Dallas about the wound exit in the neck. That I think stopped the problem from my aspect of taking the X rays. I cannot tell you what time that was. The time is rather vague that night but it was quite late in the evening.

Dr. PETTY. Do you want him to repeat what he just said?

Mr. FLANAGAN. Yes, if you would, please.

Dr. EBERSOLE. The taking of the X rays again were stopped to the best of my remembrance once we had communication with Dallas and Dr. Humes had determined that there was a wounded exit in the lower neck anterior at the time that the President arrived at the hospital in Dallas. I think once that fact had been established that my part in the proceedings were finished.

Dr. PETTY. May I ask two questions further. One, did you see the wound in the neck and associate it with a bullet wound of exit after it had been pointed out that the tracheostomy had been through that area?

Dr. EBERSOLE. No, sir, I can't say that I did. After the dissection had started I saw the area that Dr. Humes was very interested in. He pointed out to us that this was a track running over the apex of the lung -- I think he used the term bruising the apex of the lung and pointed to the middle line. I remember the area was open and he was pointing this out to us. I cannot recollect if I saw this area again after that information was known to him.

Dr. PETTY. All right. The second question that I have is you said that you left the autopsy area somewhere around three o'clock in the morning.

Dr. EBERSOLE. Yes.

Dr. PETTY. What was the condition of the body when you left? Was the head reconstructed or was it not?

Dr. EBERSOLE. I can't recollect the condition at that point.

Dr. PETTY. Thank you

Dr. LOQUVAM. In response to Dr. Petty's question you said the area was laid open. Now do you mean that they ran an incision from the point of entrance across the shoulder to demonstrate looking down in a superior

fashion into the apex of the lung or are you merely meaning that the lung was taken out and you were looking into the apex?

Dr. EBERSOLE. Again I have to rely on a 53 year old memory and a 15 year old event but as I remember I was looking from the anterior aspect into the chest after the viscera had been removed and a probe had been passed from the wound of entrance and one could see the bruising of the parietal pleura.

Dr. LOQUVAM. From below?

Dr. EBERSOLE. From below looking up.

Dr. WECHT. Dr. Ebersole, hypothesize with me for a moment, please, that if on the autopsy evening Dr. Humes or any of the other physicians or people present had not received information at that time that there had been a bullet entrance wound in the front of the neck, that no such information was known by anybody on that evening, what would be your professional opinion as a radiologist -- what would it have been at that time concerning the need or desirability for taking additional x ray pictures?

Dr. EBERSOLE. I think we would have had to -- I would like to try to keep retrospective thinking out of this but it is difficult. I think had we not had that information eventually, I would have wanted to take the body to the main X ray department and do an honest to God total body radiograph. It is remotely possible a bullet entering the back can end up in the ankle but again the hypothetical case, I think this is what we would have done.

Dr. BADEN. Whose decision was it to take portable X rays rather than have the body initially brought to the main X ray room?

Dr. EBERSOLE. I think that was probably a joint decision between myself and Dr. Getins.

Dr. BADEN. Did you consider bringing the body --

Dr. EBERSOLE. No.

Dr. BADEN. Had you taken X rays in the autopsy room before?

Dr. EBERSOLE. I have not, no. I had X rayed bodies in the department.

Dr. BADEN. But not in the autopsy room?

Dr. EBERSOLE. No.

Dr. BADEN. What kind of portable x ray did you have, the one that is usually used for live patients?

Dr. EBERSOLE. Knowing the equipment we had at Bethesda, it was either a Picker or a General Electric and of 1963 vintage; we have much to

be desired in terms of exquisite detail.

Dr. BADEN. Again not to belabor the point, did you in any way feel it would be inappropriate to ask to have the Presidents body wheeled down to the X ray room or was that not really part of your thinking?

Dr. EBERSOLE. That was really not part of my thinking.

Dr. BADEN. When you left at three in the morning, do you remember if Dr. Humes, Dr. Boswell was still there?

Dr. EBERSOLE. They were still there, yes.

Dr. BADEN. Do you remember what they were doing?

Dr. EBERSOLE. I believe this was closure. I asked Dr. Humes if it was all right for me to leave. I

Dr. BADEN. They were closing. Was there a funeral director there, do you think?

Dr. EBERSOLE. Not to my knowledge.

Dr. BADEN. Yes, sir. Dr. Weston.

Dr. WESTON. I just want to clarify the record. I appreciate that, you know, it has been many, many years but my understanding of the sequence of events was somewhat different than what you have said and I want to refresh your memory and ask you if it is possible that this version is as consistent as the version you gave, and I am reading from Special Agents Silbert and O'Neal's record which seems to be the most accurate record of what transpired because they put times in from time to time. On the third page of their report they say specifically that following the removal of the wrapping it was ascertained that the President's clothing had been removed and it was almost apparent that a tracheotomy had been performed; namely, in the top of his skull. All personnel, with the exception of medical officers needed in the taking of photographs and X rays, were requested to leave the autopsy room and remain in the adjacent room.

The implication is then, he goes on to say, upon completion of X rays and photographs it was my understanding that from the very beginning it was their intentions to take a certain number of X rays at least of the head and neck and the chest which probably represents the first series. Then it goes on to say X ray of the brain area which was removed, half of the missile which appeared to enter the back of the skull and disintegrated fragments could be observed along the side of the skull.



The largest description has to do with the examination of the skull. Now then he goes on to say during the latter stages of this autopsy Dr. Humes located an opening which appeared to be a bullet hole which was below the shoulders and two inches to the right of the middle line of the spinal column. This opening was probed by Dr. Humes with the finger at which time it was determined that the trajectory of the missile had entered at a downward position for 45 to 60 degrees.

Further probing determined that the distance traveled by this missile was a short distance inasmuch as the end of the opening could be felt with the finger, inasmuch as a complete bullet of any size could be located in the brain area and likewise no bullet could be located in the back or any other areas. An inspection revealed there was no point of exit. The individuals performing the autopsy were at a loss to explain why they could find no bullets.

And it was subsequent to that time that I believe you took the postal visceration autopsies. Now is that consistent?

Dr. EBERSOLE. Does it seem reasonable to you that a pathologist would carry out an autopsy of this nature without looking at the front and back of the body? My remembrance is that we were aware of the wound of entrance relatively early in the game.

Dr. BADEN. That is what he said, and that Dr. Humes probed.

Dr. WESTON. No, no, no.

Dr. EBERSOLE. I did not say that.

Dr. WESTON. It is in the latter stages of the procedure. As a matter of fact, there is another record somewhere that indicates it was about the time that they were ready to sew the body up that they were washing it and they then discovered the wound.

Dr. EBERSOLE. No, sir. I would have to take a --

Dr. WESTON. That is not your recollection?

Dr. EBERSOLE. No, that is not my recollection.

Dr. LOQUVAM. Did we specifically ask Humes that?

Dr. WECHT. What did Humes say that he found early on?

Dr. LOQUVAM. The wound in the back.

Dr. WECHT. In the back.

Dr. BADEN. Yes.

Dr. WECHT. I am sorry, he is talking about the wound in the back.

Dr. BADEN. Another point that comes up relative to your testimony is there was some mention, as Dr. Weston says, of the bullet being probed with a finger. Do you remember that specifically?

Dr. EBERSOLE. No, sir, I don't.

Dr. BADEN. Do you remember it being probed or looked at in any way, shape or form?

Dr. EBERSOLE. Yes.

Dr. BADEN. Do you remember some tentative discussion as to whether the bullet entered and then dropped out?

Dr. EBERSOLE. Yes, a great deal of discussion of that type.

Dr. BADEN. Is your impression at that time during when the X rays were taken and after the X rays were taken that this was considered as a possibility?

Dr. EBERSOLE. Yes.

Dr. BADEN. Is it your impression perhaps, and again as Dr. Wecht said 15 year old memories get clouded, if we assume that the information about the tracheostomy through a bullet hole was not available to the doctors that evening but came later on, could there have been a tentative conclusion reached was there a tentative conclusion reached that evening that in fact the bullet entering the back region had dropped out and that is why it was not present and that explained the autopsy and X ray findings?

Dr. EBERSOLE. I don't remember such conclusion being reached but assuming it, I suppose it could have. I

Dr. PETTY. May I make a comment, please, in regard to the statement of the Secret Service agent, FBI agent -- which one?

Dr. WESTON. FBI agents, Francis O'Neill and James W. Silbert.

Dr. PETTY. Which one did you read?

Dr. WESTON. They are both in the same report.

Dr. PETTY. There is an inconsistency in this because they state right off that everybody was requested at the time the photographs and the X rays were taken and yet the photographs that we have show very clearly a wound in the upper right back, if that is the way you refer to it, and if that was not discovered until very late in the autopsy procedure there must have been a second exposure of film somewhere so as to illustrate that.

Dr. WESTON. Well, I am sure the photographs were not taken all at the same time, there is no question about that, because some of the

photographs were taken after the organs were removed, some of them were taken after the skin had been turned back on the skull.

Dr. PETTY. That is perfectly true but this rendition bothers me.

Dr. BADEN. There are certain things that we will have to discuss later but we would like to get Dr. Ebersole's opinion on these.

Dr. EBERSOLE. I certainly feel we were aware of the background, if you want to call it that, very early in the autopsy.

Dr. SPITZ. That is what he said when he first started. The first thing he did is look at the back. When he first started today he said that.

Dr. WESTON. I was not questioning, I knew it was at odds with this report and I wanted to ask. His recollection has been refreshed.

Dr. BADEN. One of the factors that would be of some interest to us is that your X ray taking may have been related to an initial concern that had been expressed and that you remember being expressed of the back bullet entering and then dropping out in Dallas, correct?

Dr. EBERSOLE. No.

Dr. BADEN. I am sorry.

Dr. EBERSOLE. My initial impression is that we have a wound of entrance and we do not have a wound of exit and I don't remember any conversation about a bullet dropping out.

Dr. BADEN. I am sorry.

Dr. EBERSOLE. I don't remember any conversation about a bullet coming out.

Dr. BADEN. Do you remember a conversation when this back wound was probed that it appeared to end in the back?

Dr. EBERSOLE. No, I don't remember any conversation of that kind.

Dr. PETTY. Dr. Ebersole, I just want to thank you very much for exhibiting great patience with all sorts of people. I for one am through with any questions.

Dr. BADEN. Just the last thing I want to ask you relative to the X rays, the radiological interpretation by Dr. Morgan, and have you had occasion to read the Clark Commissions findings? The entrance bullet wound was placed in the Clark Commission report which is public record at 10 centimeters above the external occipital protuberance which would be about here on X ray No. 2.

Dr. EBERSOLE. Right.

Dr. BADEN. In viewing these x rays at this time would you have an opinion as to the X ray impression relative to what you recall when you were there at the time?

Dr. EBERSOLE. I guess very consistent with the X rays and what I remember grossly.

Dr. BADEN. You remember grossly that this X ray interpretation is consistent with what you-saw at that time?

Dr. EBERSOLE. Yes.

Mr. PURDY. Dr. Baden, will you please articulate where you are pointing to on the skull?

Dr. BADEN. I am pointing to 10 centimeters above the external occipital protuberance.

Mr. PURDY. Thank you.

Dr. BADEN. Here on film No. 42, color photograph 42, taken at the time of the autopsy initialed J.B. on the back which is of the back of the skull. Do you remember or have any independent recollection of that condition of the President when you were in the autopsy room?

Dr. EBERSOLE. You know, my recollection is more of a gaping occipital wound than this but I can certainly not state that this is the way it looked. Again we are relying on a 15 year old recollection. But had you asked me without seeing these or seeing the pictures, you know, I would have put the gaping wound here rather than more forward.

Dr. BADEN. There is, just to refresh your recollection, in photograph No. 32 another view superior list and that is more of your recollection of how we had

Dr. EBERSOLE. This is more of a recollection than I remember.

Mr. PURDY. When you compare those two photographs, what inference do you draw now about the nature of the gaping wound to the President's head in terms of where it was located. Earlier you said it was in the back of the head. Looking at these two views, how would you characterize the location of that gaping wound?

Dr. EBERSOLE. More lateral. Much more lateral and superior than I remembered.

Mr. PURDY. Did you have the opportunity to see the head and the view as evidenced by color photograph 42 showing the back of the head?

Dr. EBERSOLE. No. I would have been more familiar with this aspect in positioning the head for the X rays. I mean this requires a forward effort

to show this portion of the head on the part of the prosector, right?

Mr. PURDY. Did you have the opportunity -- You stated you had a better opportunity to see the view of No. 32. Did you have the opportunity to see the view of No. 42 showing the back of the head?

Dr. EBERSOLE. Well, assuming that that was done while I was there, yes, I had the opportunity.

Mr. PURDY. Is there a point in that photograph on the head which you take to be a bullet wound?

Dr. EBERSOLE. Forty-two? No, I would not want to make a statement on that basis.

Mr. PURDY. One other question I have has to do with the nature of the information you received from other sources on the night of the autopsy. You mentioned a phone call which helped clear up confusion.

Dr. EBERSOLE. Somewhere in the course of the evening Dr. Humes received information from Dallas re the procedures that had been carried out there, number one. Number two, somewhere in the course of the evening Dallas sent to us the bony fragments you saw which were X rayed as to how this was carried out. The mechanics I don't know. Somewhere in the course of the autopsy Dr. Humes was made aware of the surgical procedures at Dallas vis-a-vis the neck.

Mr. PURDY. And what was that information?

Dr. EBERSOLE. The information was that there had been a wound of exit there, a tracheotomy and a suturing done.

Mr. PURDY. Do you recall how that information was conveyed to Dr. Humes?

Dr. EBERSOLE. I don't. I don't recall.

Dr. BADEN. Dr. Ebersole, is there anything that we have discussed, said that you feel needs any clarification or any addition you would like to add, any additional photographs that you would like to see so that the purpose being with the Medical Panel getting the most of the information you can offer relative to the medical aspects of the death of President Kennedy?

Dr. EBERSOLE. No, except considering your recommendations that you have a team of forensic pathologists when this happens next time, God help us.

Dr. WECHT. Dr. Ebersole, if I may ask a -- I don't know, it is not a personal question, I think it is relevant and I will tell you how I know. A couple news media people called me in my own community because

some news release had come over some comments that you made. I am not suggesting I for one moment you cannot express your opinions anywhere any time, that is entirely your right. I was just curious as to how it came about two or three days ago that the comments had been made at that time concerning your forth coming testimony today.

Dr. EBERSOLE. A local reporter, Lancaster reporter, contacted me about an interview. Is it true you are going to Washington? Yes. It came out. By and large the questions asked were good ones except the story that I saw and have heard about carried such things as, "Breaks 15 year vowed silence." Dr. Wecht, I am half Irish. I cannot hold my mouth shut for 15 minutes let alone 15 years. I considered gross distortion in the stories. I did say, and I am sure you read this, I did not feel that my X rays would change the basic findings of the Warren Commission.

Dr. WECHT. I was not commenting on that.

Dr. EBERSOLE. I was very angry.

Dr. WECHT. The local reporter had just called you. This was one of your local newspaper people.

Dr. EBERSOLE. Yes.

Dr. BADEN. I would just like to note for the record that Dr. Joseph Davis, Chief Medical Examiner of Dade County in Florida, entered the proceedings near the end of the interview with Dr. Ebersole. Any other questions, comment?

Dr. DAVIS. Due to the fog in Florida.

Dr. WESTON. I would like to ask one question. You don't consider yourself to be an expert with respect to interpretation of photographs taken at an autopsy?

Dr. EBERSOLE. No, sir.

Dr. WESTON. Or in any sense of the word would not want us to feel that we should consider any opinions that you have, got other than your recollections?

Dr. EBERSOLE. No.

Dr. WESTON. Of what you said, is that correct?

Dr. EBERSOLE. As a matter of fact, Doctor, if I may enlarge on this, I was contacted by someone from this group several months ago and I indicated I was not willing to cooperate as far as coming down here but I would be glad to give a deposition in Lancaster because I felt I had little or nothing to add to what has already been known. However, I met Dr.

\_\_\_\_\_ a few months ago and he pointed out to me what to me was a very disconcerting thing, that there had been some pencil lines drawn on X rays. I realized that those were the lines that I drew at the White House Annex, and I think that more than any other reason made we want to come here to clarify for you that those were not any attempts by any ballistics experts to show pass of bullets. I don't know what happened to those measurements, whether they were I used by the sculptor or not, but that is how in fact they got on that lateral skull.

Dr. BADEN. I would like to thank Dr. Ebersole for all of us for coming up and for the patience and forthrightness in responding to our concerns and questions and for the aid you have given us on this panel in the evaluation of the medical aspects of President Kennedy's death.

Dr. EBERSOLE. Thank you.

Mr. FLANAGAN. I would like to make one other additional comment. This taping is concluded at 12:07. It began at 10:19 a.m. on March 11, 1978. The place is room 503 of the National Archives, Washington, D. C. Staff members present were Donald A. Purdy, Jr., staff counsel; F. Mark Flanagan, staff researcher. Our medical panel of consultants were also present. National Archivists present were Marian Johnson and Mike Lehey. One of the photographic panels present to the committee, Tom Canning. We also had a court reporter present. This concludes the taping.

(Whereupon, at 12:10 p.m., the meeting recessed, to reconvene at 1:35 p.m.)